

RDA PRACTICAL EXAMINER APPLICATION

DATE: _____ SOCIAL SECURITY NUMBER: _____

FULLNAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE NUMBER: ____ () _____

HOME PHONE NUMBER: ____ () _____

RDA LICENSE NUMBER: _____ EXP. DATE: _____

YEARS OF RDA PRACTICE: _____ YEARS OF DA PRACTICE: _____

EDUCATION DEGREES, IF ANY: _____

TEACHING EXPERIENCE, IF ANY: _____

Describe the type of RDA duties currently performed, and the approximate percentage of time spent performing each of these duties listed:

Describe the reason(s) you are interested in becoming a RDA Examiner:

NOTE: This application must be accompanied by a resume, and two (2) letters of recommendation, one of which must be from your current employer.